								1
IPDR6702 RUN DATE:	08/20/2006		TDE	NORTH CAROLINA RS CHECKWRITE SUMMARY REPORT		PAGE	1	
DAID:	,,,			CHECKWRITE SUMMARY REPORT				
				FINANCIAL PAYER: NCDMH				
							momay	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404001			0	*** NO DATA TO REPORT ***				
3404901	SMOKY MOUNTAINM H/DD/SAS	U	U	*** NO DATA TO REPORT ***				
	n/ DD/ SAS							
		0	0			0 0		0
3404904	WESTERN HIGHLAN DS LME	8534	256	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8536	125	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT		0 744	10349	9605
				VALID FOR SUBMITTED BILLING PR				
		8599	114	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		1						
3404910	PATHWAYS	11	420	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		+				+		
		8599	85	DETAIL NOT COVERED BY COMBINAT	3	9 630	3292	2633
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.		1		
		143	33	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404912		11	50	CLIENT NOT ELIGIBLE ON SERVICE				
3404912	CATAWBA COUNTYM ENTAL HEALT	11	30	DATE				
	ENIAL REALI							
		3412	13	PROVIDER TYPE AND SPECIALTY 07	1	1 77	261	184
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8935	11	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	11	687	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8933	60	ADTNC INELIGIBLE TO RECEIVE SE				
		0333	00	RVICES IN IPRS.	7-	4 832	931	99
		143	36	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		+				+		
		1						
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL		1			1		
		+	+	+		+		
		0	0			0 0	247	247
3404917	ODVEDD DO TVI	8599	2128	DETAIL NOT COVERED BY COMBINAT		1	1	-
-10171	CENTERPOINT HUM AN SERVICES		2220	ION OF RECIPIENT, PROVIDER AND		+		
		1		BENEFIT PACKAGE.				
		21	944	DUPLICATE OF CLAIM-SYSTEM	26	4 6091	9465	3374
		+	+	1		+	1	
		1				1	1	
		79	623	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING		1		
		+	+	PROVIDER TYPE AND SPECIALTY IN		+		
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***		+		
3404918	ENTAL HEALT							
		1 -				1	1	1
		0	0			0 -		
		0	0			0 0	0	0

	1		1	T	1	1		
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
						-		
3404919	GUILFORD CO MEN	8536	87	ATTENDING PROVIDER TYPE AND SP				
	TAL HEALTHC			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8599	27	DETAIL NOT COVERED BY COMBINAT	12	151	1850	1699
				ION OF RECIPIENT, PROVIDER AND	12	151	1850	1695
				BENEFIT PACKAGE.				
		8931	11	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
2404000		0.1	10105	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL	21	10105	DUPLICATE OF CLAIM-SYSTEM				
	L AREA MH D							
		8599	2865	DETAIL NOT COVERED BY COMBINAT	535	15883	36941	21058
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	771	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
			+	PROVIDER TYPE AND SPECIALTY IN	1			
3404921	ODANICE DEPOSIT O	11	453	CLIENT NOT ELIGIBLE ON SERVICE				
	ORANGE PERSON C HATHAM AREA	+-		DATE				
	MATHER PINES		+					
			 					
		27	136	DIAGNOSIS CODE MISSING OR INVA	0	980	2066	1086
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
		3412	131	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
				DENETII SERVICES ON OR AFIER D				
3404922	MILE DIDUM CENT	3411	440	PROVIDER TYPE AND SPECIALTY 07				
3101322	THE DURHAM CENT ER	J.111	1.0	4/113 CANNOT BILL ENHANCED				
	EK			BENEFIT SERVICES ON OR AFTER D				
		8599	346	DETAIL NOT COVERED BY COMBINAT	8	1393	3779	2386
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	258	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	11	309	CLIENT NOT ELIGIBLE ON SERVICE				
	FIVE COUNTY MR			DATE				
		8599	142	DETAIL NOT COVERED BY COMBINAT	0	683	2404	1721
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404925		8534	92	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	1			
			+	PROVIDER. PLEASE VERIFY THE F				
			+		1			
	SANDHILLS CENTE	11	64	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD			DATE				
		8536	60	ATTENDING PROVIDER TYPE AND SP	2	226	3030	2804
			1	ECIALTY COMBINATION IS NOT				
			+	VALID FOR SUBMITTED BILLING PR				
		8621	49	60 RESIDENTIAL LEVEL III TREAT				
			1-2	MENT RECEIVED, PA IS REQUIRED				
			+	FOR ADDITIONAL SERVICE.	1			
			1					
	SOUTHEASTERN RE	21	4292	DUPLICATE OF CLAIM-SYSTEM				
3404926								
3404926	G MENTAL HL							
3404926				<u> </u>				
3404926								
3404926		11	107	CLIENT NOT ELIGIBLE ON SERVICE	8	4634	6340	1706
3404926		11	107	CLIENT NOT ELIGIBLE ON SERVICE DATE	8	4634	6340	1706
3404926		11	107		8	4634	6340	1706
3404926				DATE	8	4634	6340	1706
3404926		11 5313	107	DATE PRIOR AUTHORIZED FREQUENCY EXC	8	4634	6340	1706
3404926				DATE	8	4634	6340	1706

							TOTAL	TOTAL
3404927 CU		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
3404927 CU	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
	VINDERTAND OF M	21	323	DUPLICATE OF CLAIM-SYSTEM				
110	CUMBERLAND CO M		323	DOLLIGHT OF CHILL OF CHILL				
	ic							
		8622	143	60 RESIDENTIAL LEVEL II TREATM				
		0022	110	ENT RECEIVED, PA IS REQUIRED	0	669	4768	4099
1				FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
		3412	58	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404929 LE	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0		0	0	0	0
3404930 _{.TC}	JOHNSTON COUNTY	8536	20	ATTENDING PROVIDER TYPE AND SP				
	MNTL HLTHC			ECIALTY COMBINATION IS NOT	 			
				VALID FOR SUBMITTED BILLING PR	 			
-		1			 			
 		8599	16	DETAIL NOT COVERED BY COMBINAT	-			
		0033		ION OF RECIPIENT, PROVIDER AND	0	36	899	863
 				BENEFIT PACKAGE.				
		L						
	NAKE CO HUM SVC	11	329	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF			DATE				
1		<u> </u>						
		8599	84	DETAIL NOT COVERED BY COMBINAT	2	450	731	281
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	8	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
				54 444 4M41 4 114 M4M				
 		-			I			-
3404933		11	1 6	CLIENT NOT ELIGIBLE ON SERVICE				
D.	SOUTHEASTERN CT	11	15					
R	R FOR MH/DD			DATE				
İ		143	7	CLIENT ID NUMBER NOT ON STATE	0	23	61	38
				ELIGIBILITY FILE				
		8329	1	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404934 OI	NIOTOL CLOSEDED	11	164	CLIENT NOT ELIGIBLE ON SERVICE				
	ONSLOW CARTERET	**	101	DATE				
1	BEHAV HEAL			DATE				
		-			-			
 		01	25	DUDITONE OF CLAIM OVOESS				
		21	35	DUPLICATE OF CLAIM-SYSTEM	0	216	778	562
		120	10	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404935 WA	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				1
	HEALTH CTR							
		İ						
		0	0		0	0	0	0
								U
					—			
	ITI COM_CDDDND M	21	3	DUPLICATE OF CLAIM-SYSTEM	 			
3404936	VILSON-GREENE M	<u> </u>	-		!			
		-			-			
	INIAL REALI		1		1			
	SNIAL REALI			The state of the s	1	I		
	MIAL REALI		0					
	NIAD READI	0	0		0	3	48	4.5
	NIAL REALI	0	0		0	3	48	45
Et	WIAL REALI				0	3	48	45
El	EDGECOMBE NASH	0 21	15	DUPLICATE OF CLAIM-SYSTEM	0	3	48	45
3404937 EI	DGECOMBE NASH			DUPLICATE OF CLAIM-SYSTEM	0	3	48	45
3404937 EI				DUPLICATE OF CLAIM-SYSTEM	0	3	48	45
3404937 EI	DGECOMBE NASH			DUPLICATE OF CLAIM-SYSTEM	0	3	48	45
3404937 EI	DGECOMBE NASH							
3404937 EI	DGECOMBE NASH	21	15	CLAIM DENIED, SUBMITTED BEYOND	0	30	331	
3404937 EI	DGECOMBE NASH	21	15					

					I			
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	TOTAL DENIALS	FINALIZED	PAID
	THOVEDEN MEET				DENTILLO	DENTITED	111111111111111111111111111111111111111	111111
3404939	NEUSE MENTAL HE	8622	11	60 RESIDENTIAL LEVEL II TREATM				
	ALTH CENTER			ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8599	4	DETAIL NOT COVERED BY COMBINAT	0	15	242	227
				ION OF RECIPIENT, PROVIDER AND				
1				BENEFIT PACKAGE.				
<u></u>								
3404941	PITT CO MH/DD/S	8537	855	PROCEDURE IS NOT PAYABLE FOR Y				
ļ	AS CENTER			OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
		21	830	DUDITONE OF CLAIM CACEEN				
		21	030	DUPLICATE OF CLAIM-SYSTEM	2	3202	4102	900
		7001	524	EXCEEDS THE ONE PER DAY LIMITA				
		7001	02.1	TION				
3404942	ROANOKE CHOWANH	21	769	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							
	OFFICE CENTER OF THE CENTER OF							
		4807	5	SERVICE DENIED. UNIT LIMITATIO	2	782	1658	876
				N HAS BEEN EXCEEDED FOR THIS		, 02	1000	0.0
				SERVICE				
i		3411	2	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
i				BENEFIT SERVICES ON OR AFTER D				
3404943	ALBEMARLE MENTA	21	83	DUPLICATE OF CLAIM-SYSTEM				
I	L HEALTH CE							
I								
		8599	50	DETAIL NOT COVERED BY COMBINAT	28	222	1335	1113
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
<u></u>		5404	37	SEVERE DUPLICATE: SAME ATTD PR				
<u></u>				OV/PCODE/TOS/DOS/MOD				
<u></u>								
<u></u>								
3404944	EASTPOINTE HUMA	8534	249	SERVICE FACILITY LOCATION IS N				
<u></u>	N SERVICES			OT A VALID IPRS ATTENDING				
ļ				PROVIDER. PLEASE VERIFY THE F				
								
ļ		8329	38	CLAIM DENIED ATTENDING PROVIDE	10	374	3329	2955
				R CANNOT BE THE SAME AS				
				THE LMA				
		0526	24	AMMENIATIVA PROVIEDEN MUND AND AN				
		8536	34	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
				VALID FOR SUBMITTED BILLING PR				
3404946		8599	869	DETAIL NOT COVERED BY COMBINAT				
2.01210	FOOTHILLS AREAM	0099	000	ION OF RECIPIENT, PROVIDER AND				
	ENTAL HEALT	1		BENEFIT PACKAGE.				
		1						
		8622	162	60 RESIDENTIAL LEVEL II TREATM	4.5	1000	2200	2054
			+	ENT RECEIVED, PA IS REQUIRED	45	1255	3309	2054
				FOR ADDITIONAL SERVICE.				
			 					
		8000	75	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404957	TIDELAND MENTAL	21	44	DUPLICATE OF CLAIM-SYSTEM				
3404337	HEALTH CTR							
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE	А	55	881	826
				RVICES IN IPRS.	7	- 55	301	020
,	+							
			2	DETAIL NOT COVERED BY COMBINAT				
		8599			1		l	
		8599		ION OF RECIPIENT, PROVIDER AND				
		8599		BENEFIT PACKAGE.				
		8599						
3404979	NEW RIVER AREAM	11	281					
3404979	NEW RIVER AREAM H/DD/SA PRO		281	BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM H/DD/SA PRO		281	BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE				
3404979			281	BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE				
3404979			281	BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	4	305	1952	1556
3404979		11		BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	4	396	1952	1556
3404979		11		BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE PROVIDER TYPE AND SPECIALTY 07	4	396	1952	1556
3404979		11		BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED	4	396	1952	1556